

## **MONTANA WIC PROGRAM**

### **STATE PLAN & POLICIES MANUAL**

## **Chapter 2 - WIC Program Overview and Local Agency Application Process**

### **Overview**

#### **Introduction**

This chapter provides program information and general guidance for applying to operate the Special Supplemental Nutrition Program for Women, Infants and Children.

#### **In this chapter**

This chapter contains the following topics.

<b>Topic</b>	<b>See Page</b>
Detailed description of Program Overview/Benefits	2-2
Application Process	2-4
Affirmative Action	2-8

## **MONTANA WIC PROGRAM**

### **STATE PLAN & POLICIES MANUAL**

## **Program Overview**

### **Purpose**

The Montana WIC Program exists to meet the needs of its constituents: the people of Montana. We are an organization whose goal is to be open and responsive to the WIC program applicants/participants. We will strive to make each contact with WIC a pleasant, convenient and satisfying experience.

### **WIC Staff**

The WIC staff is our most important asset. Each individual is an integral part of the team. WIC will ensure quality services by careful selection of staff, input with local programs during hiring and by constant attention to detail.

As a team, we will work together to find solutions to problems and will be open to input from all staff members. We will treat each other with professional courtesy and promote cooperation. We will recognize the needs of our co-workers and serve each other in order to better serve our applicant/participants. We will strive to create an atmosphere in which the individual can achieve a sense of self-satisfaction and reach her/his full potential.

### **Benefits**

WIC is dedicated to the delivery of quality nutrition education and counseling, intervention, referral and follow-up on identified risks, and to improve the eating behaviors and reduce or eliminate nutrition problems.

WIC affords access to preventive health programs and referral and follow-up to private and public health providers. Coordination and cooperation with related health care agencies will be used to provide quality, compassionate services for our applicants/participants.

WIC provides checks for participants to select foods to supplement diets lacking in nutrients needed during critical times of growth and development. Supplemental foods provided are tailored to the individual's needs and nutrition risks.

### **Determining Eligibility**

Persons applying for WIC benefits must meet the following eligibility requirements:

## **MONTANA WIC PROGRAM**

### **STATE PLAN & POLICIES MANUAL**

**Categorical:** Must be a member of the population WIC serves (pregnant women, breastfeeding women, postpartum women, infants (up to age 1) or children (up to age 5).

**Residential:** The household resides in Montana and in an area where WIC benefits are offered.

**Income:** The household income is at or below current WIC income guidelines or household meets adjunctive eligibility definition. Income guidelines change yearly.

**Nutritional:** Persons within the household applying for WIC have a nutritional risk as outlined in the WIC State Plan.

#### **Nutrition Education**

Two (2) nutritional education contacts are required to be offered to all WIC participants during each 6 month certification period. Nutritional Education contacts shall incorporate valid and consistent information, such as “The Feeding Relationship” and “The Breastfeeding Initiative.”

#### **Referral**

Access to preventive health programs and referral(s) to and follow-up from private and public health providers is a benefit of WIC.

#### **Food Packages**

Participants are provided checks to purchase specific foods to supplement diets lacking in nutrients needed during critical times of growth and development. Supplemental foods provided are tailored to the individual’s needs and nutrition risks.

## **MONTANA WIC PROGRAM**

### **STATE PLAN & POLICIES MANUAL**

## **Application Process**

### **Procedure**

The process for application of agencies interested in operating a WIC program (this applies to additional clinic sites within existing program, new agencies, satellite sites or conversion of satellite site to standalone site) is:

1. Potential contractee may call or write the State WIC Agency and express interest, request information, request application, etc. from the agency and/or DPHHS.
2. An Application Packet will be sent to applicant within five (5) calendar days of initial contact.
3. The written request must include, but may not be limited to:
  - a. Reason(s) for opening the site;
  - b. Estimated caseload of the new site, by month and category of client including racial/ethnic composition; including supporting documentation for numbers used in caseload estimate.
  - c. Staffing pattern;
  - d. Location of the clinic site;
  - e. Estimated equipment (weighing and measuring devices, etc.) needed;
  - f. Assessment of community resources available;
  - g. Estimated budget (staff, travel costs, etc.);
  - h. Proposed days and hours of operation.
  - i. Availability of currently authorized WIC retailers
4. Within fifteen (15) calendar days after receipt of an incomplete application, written notification to the applicant agency of the additional information needed will be provided.
5. Within thirty (30) calendar days after receipt of a complete application, the applicant shall be notified in writing of approval or disapproval of its application.
6. After notification of completeness and approval, but before opening the

## **MONTANA WIC PROGRAM**

### **STATE PLAN & POLICIES MANUAL**

additional site, a minimum of three (3) months shall be used by the state agency to:

- a. Prepare computer software, including changes to both the central PC host computer and the local agency computer;
  - b. Check computer hardware, including whether existing equipment is capable of handling more data;
  - c. Ordering additional equipment, if needed;
  - d. Assure sufficient blank food instrument stock is available;
  - e. Notify the bank of additions to the system; and
  - f. Such other activities as required (system testing) to assure that additional sites are functional.
7. Additional clinic sites may not open until final written approval is received from the State Office.
  8. When funds are available and an application is approved, the State WIC Agency shall schedule an on-site visit to the agency and assist in the set-up of operational procedures as soon as practical after approval, but not less than 30 calendar days post-approval.
  9. If the additional clinic site is within an existing program's service area, the additional site must be funded and operated within that program's budget as determined by the current funding formula.

No additional funding will be provided, based on the funding formula, until the beginning of a new contract period (or mid-year, if the statewide WIC grant is increased). Additional funding for equipment to furnish a new site will be evaluated on a case by case basis.

10. When an application is disapproved, the applicant agency shall be given written notification of its right to appeal as set forth in 7 CFR 246.18, and of the reasons for disapproval.
11. When an agency submits an application and there are no funds to serve the area, the applicant shall be notified within thirty (30) calendar days of receipt of the application (whether incomplete or not) that no funds are available. The application shall be returned to the applicant, and the name and address of the applicant agency shall be retained by the State WIC Agency.

## MONTANA WIC PROGRAM

### STATE PLAN & POLICIES MANUAL

Note: Copies of application(s) at end of this section.

#### Review Criteria

The review criteria for selection of local programs to administer the WIC Program will include, but not be limited to, the following factors:

1. The applicant's position in the Montana WIC Affirmative Action Plan.
2. Adherence to 7 CFR 246.5:

**Priority A:** A public or private non-profit health agency that provides ongoing routine pediatric and obstetric care and administrative services;

**Priority B:** A public or private non-profit health or human service agency that will enter into a written agreement with another agency for either ongoing routine pediatric and obstetric care or administrative services;

**Priority C:** A public or private non-profit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing routine pediatric and obstetric care to a specific category of participants (women, infants or children);

**Priority D:** A private or non-profit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing routine pediatric and obstetric care;

**Priority E:** A public or private non-profit health or human service agency that will provide ongoing routine pediatric and obstetric care through referral to a health provider.

3. The applicant's projected ability to meet a minimum average monthly caseload of 200 participants in the WIC Region proposed by the applicant and accepted by the State WIC Agency. Supporting documentation of the projected caseload must accompany the application. Historical data from prior contractors may be used. The standard time period used for historical data will be the most recent annual time period of April to March.

## **MONTANA WIC PROGRAM**

### **STATE PLAN & POLICIES MANUAL**

4. The applicant's projected ability to meet WIC Program regulations and State policies and procedures.
5. The qualifications of the staff, the applicant's history of performance in other programs and in administering similar public health services.
6. The applicant's plan for providing linkages with appropriate health care providers.
7. The applicant's ability to make the WIC program accessible to participants.
8. The applicant's projected cost of operations.
9. The applicant's financial integrity and solvency as demonstrated by independent audits.

## **MONTANA WIC PROGRAM**

### **STATE PLAN & POLICIES MANUAL**

## **Affirmative Action**

### **Affirmative Action Plan**

The Affirmative Action Plan for the current fiscal year has been based on the most recently available census, statistical and updated low birth weight infant data from the Montana Department of Public Health and Human Services (DPHHS).

Actual monthly caseload by priority reflects the month of April in the current calendar year. The number of eligible participants for each local WIC clinic is listed in Chapter 3, Section B.

### **Affirmative Action Plan Ranking**

The Affirmative Action Plan rankings would be used as one tool among many to assist in the expansion of WIC in Montana, when and if funds become available. If funds were available, new agencies or satellites would be opened in descending order from the top in the Plan, with no WIC agency receiving funds until the eligible agencies above were funded.

A Request for Proposal (RFP) for agencies meeting Program criteria would be solicited in the area(s) of proposed expansion in accordance with regulations. Such agencies could include county governments, hospitals and so forth. The RFP would be advertised in the media and the State WIC Agency would make direct contact with known eligible agencies in the area. Applicants would be assisted in the application process as outlined in the **APPLICATION PACKET FOR LOCAL PROGRAMS**, and selected in accordance with 7 CFR 246.5(d).